



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 04/24/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right transforaminal epidural steroid injection (ESI) at L5-S1 under fluoroscopy with an epidurogram

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Right transforaminal ESI at L5-S1 under fluoroscopy with an epidurogram - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

A lumbar MRI dated 05/27/10 revealed degenerative disc disease, spondylosis, and facet arthropathy throughout the lumbar spine. There was no evidence of significant spinal stenosis. examined the patient on 02/13/14. She felt well after her rhizotomy procedure, but she continued to have pain down the posterior aspect of her right lower extremity into her foot. She wondered if there was anything that could be done. Her current medications were Ambien, Cyclobenzaprine, Norco, Pristiq, and Tylenol. She had undergone L4, L5 and S1 rhizotomy in February 2010. She was five feet seven inches tall and weighed 163 pounds. She had a slightly antalgic gait and increased pain with range of motion of the lumbar spine. She was mildly tender along the right paraspinals. Straight leg raising was positive on the right and negative on the left. Strength was 5/5 in the bilateral lower extremities. The diagnoses were facet arthropathy, lumbar syndrome, spondylosis without myelopathy, lumbar radicular syndrome, and muscle spasms. A transforaminal ESI on the right at L5-S1 was recommended. It was noted the earliest date they could refill her medications was 02/20/14. On 02/14/14, office provided a precertification request for a transforaminal ESI on the left at L5-S1 with fluoroscopy and an epidurogram. provided an adverse determination for the requested transforaminal ESI at L5-S1 on the right with fluoroscopy and an epidurogram. examined the patient on 02/27/14. It was noted the ESI had been denied and she continued with pain down the posterior aspect of her right leg with some associated numbness and burning. She had difficulty walking long distances. She had been compensating on the left side and was sore in the left side of the low back. She noted her medications were not helping her radicular pain in the right leg. She was not able to do physical therapy because it aggravated her pain, but she did attend aquatic therapy. She had a good decrease in her pain during therapy in April/May 2013, but it increased when she finished in June 2013. She had good low back pain control following her rhizotomy, but her radicular pain had become more noticeable and prominent in the last month. She had increased pain with range of motion of the lumbar spine and she was mildly tender in the bilateral paraspinals. There was mildly decreased sensation to light touch in the right lower extremity when compared to the left. Muscle strength was 5/5 in the left lower extremity and 4-4.5/5 on the right. Straight leg raising was positive on the right and negative on the left. Her diagnoses were unchanged. Ms. noted they would appeal the requested right transforaminal ESI at L5-S1 under fluoroscopy with an epidurogram. She noted the patient had had therapy, her current medications did not control her radicular pain, and she did have improvement and continued to maintain that improvement from the rhizotomy. It was noted the paresthesias in the right lower extremity was not noted in the previous examination. She was also noted to have some right lower extremity weakness. examined the patient on 03/19/14. She noted her right shoulder pain and cervical pain were rated at 2-3/10, but she had no real pain in the left knee, left ankle, or right wrist; however, her low back pain was worsening and making her limp. She lost her balance and almost fell the day before. She had tenderness of the bilateral paraspinals and severe pain and tenderness over the bilateral SI joints, more so on the right than the left. She was weak mostly on the right and the EHL, DF, PF, and the C&H were 4/5 on the right

versus +4/5 on the left. Straight leg raising was positive at 60 degrees on the right. She could toe and heel walk well. She had decreased sensation to the L4-L5 and L5-S1 distributions on the right, but the Achilles' reflexes were 2/4 bilaterally. X-rays of the lumbosacral spine showed a spina bifida occulta of L5 and the intervertebral disc spaces were well preserved. The sacroiliac and facets were within normal limits. She was advised to keep her appointment and she noted she wanted to hold off on surgery until the ESI was approved. Bilateral SI joint injections with ultrasound guidance were ordered, as well as additional therapy. On 03/24/14, provided a utilization review request for bilateral SI joint injections with guidance. On 03/24/14, provided another adverse determination for the requested right transforaminal ESI at L5-S1 under fluoroscopy and an epidurogram.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The MRI of the lumbar spine on 05/27/10 demonstrates facet arthropathy, but no significant stenosis at any level or any evidence of acute injury. There is no evidence of neural compression and therefore, there is no objective evidence of radiculopathy. In addition, there are no diagnostic studies confirming or objectively supporting radiculopathy. The patient's physical examination is non-specific and there are no findings that would be consistent with radiculopathy. While the physician's assistant advocating for the injections states there is "positive straight leg raising on the right" this does not include a description of the degree at which the leg has to be raised nor a distribution of pain. If the pain is limited to the lower back, this is not consistent with radiculopathy or radiculitis. Furthermore, the patient does not have any objective physical findings either on the examinations. While she has tenderness and decreased sensation, this is not corroborated by any objective data. The ODG, in regard to ESIs, requires objective documentation of radiculopathy on physical examination, which is not present, as noted above. The requested right transforaminal ESI at L5-S1 under fluoroscopy with an epidurogram is neither reasonable nor necessary, as it is not in accordance with the ODG. Therefore, the previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**